(b) As per National Health Profile-2005, the population served per doctor is 15980 and population served per Government hospital bed is 2336.

(c) The total number of doctors and beds in Government Hospitals as given in National Health Profile 2005 are 67576 and 469672. No centralized information is maintained regarding the number of posts of doctors lying vacant.

(d) As per Human Development Report-2006, India has been ranked at 126th position.

Maternal and infant mortality

1881. SHRIMATI MOHSINA KIDWAI:
SHRI VIJAY J. DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that one-fifth of world's maternal and child deaths occur in the country and 80 per cent of healthcare expenses come from citizens' own pockets whereas healthcare is free in Sri Lanka and that Bangladesh has lowered child deaths from 145 per 1,000 children to 46 in the last 39 years;

(b) if so, the reasons therefor especially when our GDP growth is considerably higher than that of these two countries; and

(c) what percentage of our population is covered by free medical care and whether such medical centres are equipped with trained manpower and requisite stock of medicines, etc.?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per the estimates of maternal mortality for the year 2000, published by WHO, UNICEF and UNFPA in their Report titled "Maternal Mortality in 2000" India accounted for approximately 20% or 1/5th of the global maternal deaths.

However, as per the latest survey reports, from the office of Registrar General of India (SRS 2003) the MMR of India is 301/100,000 live births which translates into about 77,000 maternal deaths annually accounting for about 1/7th of the world's maternal deaths.

As per UNICEF, while infant mortality has reduced from 149 to 56 in Bangladesh during the period 1960 to 2004, the corresponding figures for India are 146 and 62. The position of Sri Lanka however is on a higher plane of achievement with the corresponding figures being 83 and 12. According to World Health Report 2006, out of pocket expenses is high in India where as a % of total health expenditure it is 72.9 as compared to 48.9 in Sri Lanka and 58.9 in Bangladesh.

(b) Despite higher GDP growth rate in India, the higher figures of maternal and infant mortality are on account of several factors which include *inter-alia* inadequate public health delivery system, low levels of literacy, awareness, nutrition, high levels of anemia among children, low age of marriage and at first child birth, low rates of institutional deliveries and coverage under immunization.

(c) Public healthcare particularly primary healthcare in India is accessible free of cost to all sections of population including the poor and the vulnerable. However, the public healthcare infrastructure has not been fully functional due to inadequate manpower, drugs and other facilities. It is to architecturally correct the existing shortcomings in the healthcare delivery system that the Government has launched the National Rural Health Mission in April, 2005 to provide accessible, affordable and equitable healthcare to the rural population including the vulnerable group. Specific mechanisms are being put in place to meet the critical gaps in manpower, availability of drugs and appropriately upgrade the existing state of health infrastructure at different levels of healthcare i.e. Sub-centres, PHCs, CHCs and the District Hospitals.

Deaths due to various diseases

†1882. SHRI MOTILAL VORA:
SHRIMATI PREMA CARIAPPA.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that according to a recently conducted survey, 15 to 35 per cent of young boys and girls in north-east

†Original notice of the question was received in Hindi.